



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/09/2004	200419100632	DOMESTIC ARTICLES/NON-PROFIT (ARN)	125.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

ROBERT S. HENDRIX
6065 FRANTZ RD #103
DUBLIN, OH 43017

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, J. Kenneth Blackwell

1475423

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

CENTRAL OHIO PROFESSIONAL EDUCATION COUNCIL, INC.

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC ARTICLES/NON-PROFIT

Document No(s):

200419100632



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 7th day of July, A.D.
2004.

J. Kenneth Blackwell
Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State
Central Ohio: (614) 466-3910
Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sos
e-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)	
Mail Form to one of the Following:	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 670 Columbus, OH 43216

INITIAL ARTICLES OF INCORPORATION

(For Domestic Profit or Non-Profit)

Filing Fee \$125.00

THE UNDERSIGNED HEREBY STATES THE FOLLOWING:

(CHECK ONLY ONE (1) BOX)

<input type="checkbox"/> (1) Articles of Incorporation Profit (113-ARF) ORC 1701	<input checked="" type="checkbox"/> (2) Articles of Incorporation Non-Profit (114-ARN) ORC 1702	<input type="checkbox"/> (3) Articles of Incorporation Professional (170-ARP) Profession _____ ORC 1785
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Complete the general information in this section for the box checked above.

FIRST: Name of Corporation Central Ohio Professional Education Council, Inc.

SECOND: Location Dublin Franklin
(City) (County)

Effective Date (Optional) _____ Date specified can be no more than 90 days after date of filing. If a date is specified, the date must be a date on or after the date of filing.
(mm/dd/yyyy)

Check here if additional provisions are attached

Complete the information in this section if box (2) or (3) is checked. Completing this section is optional if box (1) is checked.

THIRD: Purpose for which corporation is formed

To provide a professional referral service, educational seminars, printed materials, and professional speakers, on topics involving healthcare, financial, legal and other related issues in order to educate the general public and provide a valuable community service; and to do all things necessary to that endeavor that is legal under the laws of the State of Ohio as a not for profit Company.

Complete the information in this section if box (1) or (3) is checked.

FOURTH: The number of shares which the corporation is authorized to have outstanding (Please state if shares are common or preferred and their par value if any)

(Refer to instructions if needed) _____ (No. of Shares) _____ (Type) _____ (Par Value)

Completing the information in this section is optional

FIFTH: The following are the names and addresses of the individuals who are to serve as initial Directors.

Robert S. Hendrix
(Name)
3843 Stonestrow Ct. W.
(Street)
NOTE: P.O. Box Addresses are NOT acceptable.

Hilliard Ohio 43026
(City) (State) (Zip Code)

Jerry W. Snyder
(Name)
5872 Chatterfield Dr.
(Street)
NOTE: P.O. Box Addresses are NOT acceptable.

Dublin Ohio 43017
(City) (State) (Zip Code)

Norfleet Williamson Rives, Jr.
(Name)
3630 Romnay Rd.
(Street)
NOTE: P.O. Box Addresses are NOT acceptable.

Columbus Ohio 43220
(City) (State) (Zip Code)

REQUIRED
Must be authenticated
(signed) by an authorized
representative
(See Instructions)

[Signature of Robert S. Hendrix]
Authorized Representative

7-7-04
Date

Robert S. Hendrix
Print Name

[Signature of Jerry W. Snyder]
Authorized Representative

7-7-2004
Date

Jerry W. Snyder
Print Name

[Signature of Norfleet Williamson Rives, Jr.]
Authorized Representative

7-7-2004
Date

Norfleet Williamson Rives, Jr.
Print Name

Complete the information in this section if box (1) (2) or (3) is checked.

ORIGINAL APPOINTMENT OF STATUTORY AGENT

The undersigned, being at least a majority of the incorporators of Central Ohio Professional Education Council, Inc. hereby appoint the following to be statutory agent upon whom any process, notice or demand required or permitted by statute to be served upon the corporation may be served. The complete address of the agent is

Jerry W. Snyder
(Name)
5060 Parkcenter Ave., Suite A
(Street) *NOTE: P.O. Box Addresses are NOT acceptable.*
Dublin, Ohio 43017
(City) (Zip Code)

Must be authenticated by an authorized representative

Robert S. Hendrix
Authorized Representative
Robert S. Hendrix

7-7-04
Date

Jerry W. Snyder
Authorized Representative
Jerry W. Snyder

7-7-2004
Date

Norfleet Williamson Rives, Jr.
Authorized Representative
Norfleet Williamson Rives, Jr.

7-7-2004
Date

ACCEPTANCE OF APPOINTMENT

The Undersigned, Jerry W. Snyder, named herein as the

Statutory agent for, Central Ohio Professional Education Council, Inc., hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: *Jerry W. Snyder*
(Statutory Agent)